

## **PRACTICE GUIDELINES FOR FAMILY-CENTERED MEETINGS**

These practice guidelines are intended to supplement the North Carolina Division of Social Services (NC DSS) overall policy for Child and Family Team Meetings (CFTs) and Shared Parenting Meetings (SPMs) as outlined in the *North Carolina Child Protective Services Multiple Response System Policy and Practice Manual*. The MRS manual is available on-line at: <http://www.dhhs.state.nc.us/dss/mrs/docs/11-12-03%202003%20MRS%20Manual.pdf>. They were developed in collaboration between the 52 Multiple Response System (MRS) county departments of social services, NCDSS and the North Carolina Family-Centered Meetings Project at North Carolina State University.

### **Description of Family-Centered Meetings**

Family-centered meeting (FCM) is a broad term used in family support and child welfare services to describe a planning and decision-making process that includes parents, caregivers, children, social workers and other service providers. It may also include extended family, friends, members of community groups, and other community partners. DSS policy requires CFT meetings to be held at regular intervals during the provision of in-home and foster care services. Some MRS counties are also using CFT meetings during the assessment process, but this practice is not required by policy. A SPM is also required by DSS policy. It is to be held within the first 7 days of a child coming into DSS custody. A FCM may be called at any time in the life of case when there are important issues to address that require input and planning from both family members and professionals.

There are many specific models used in North Carolina for family-centered meetings, including Community Action Meetings (CAT), Family Group Conferences (FGC), Team Decision Making (TDM), Family Unity Meetings (FUM), SUCCESS Team meetings, Permanency Planning Action Teams (PPAT), and Family Group Decision Making (FGDM).

What makes a family-centered meeting different than a case staffing or traditional approach to planning and decision making in family support and child welfare is that it applies the principles of family-centered practice to the group decision-making process.

The principles of family centered practice are:

- Everyone desires respect
- Everyone needs to be heard
- Everyone has strengths
- Judgments can wait
- Partners share power
- Partnership is a process

Four more principles that are specific to Family Centered Meetings are:

- Families are experts about themselves
- Families and community members should be partners in determining solutions and making decisions
- Meetings should be set up in a way that fits with and honors the family's culture
- The dual role of the child welfare worker is both to ensure child safety and help the family

### **CFTs and SPMs as Family-Centered Meetings**

In the *North Carolina Child Protective Services Multiple Response System Policy and Practice Manual*, CFTs and SPMs are set forth as the means of creating team decisions. The CFTs include the family, extended family, and community in the planning process with DSS. When children have been placed, the SPMs bring together the biological parents, foster parents, and DSS to build a partnership to meet the children's needs.

These two types of meetings are to be carried out according to the principles and practices for family-centered meetings. These meetings may use specific strategies developed for other types of family-centered meetings. Because of DSS's legal mandate, CFTs and SPMs have specific requirements in regards to when and how often they are convened. These requirements are noted in the Practice Guidelines. In a MRS county, a CFT can replace the Permanency Planning Action Team (PPAT) meeting as long as it fulfills the functions of a PPAT and remains focused on, led by, the family.

### **Purpose of Family-Centered Meetings**

The purpose of FCMs is to:

- reach agreement on the issues to be addressed,
- get the best thinking of family and service providers in developing service agreements that offer solutions, and
- help these partners work together in carrying out the service agreements.

A FCM in child welfare is held not simply to demonstrate respect or be nice to families. Nor is a FCM intended as a way for DSS to give over its responsibility for protecting children at risk to the family. The DSS makes the case decision on whether or not protective services are needed. This decision is not made with the family. Once DSS makes the case decision, then the family and community are involved in the decision making on how to ensure the children's safety, permanence and wellbeing.

### **Research Note**

Evaluations have not been carried out on many types of FCMs in child welfare. One type of FCM family group conferencing has been evaluated. Studies of family group conferencing have found that families prefer this way of making decisions to other planning approaches, it works with families from diverse cultures, and workers like and approve the resulting plans. Family group conferencing serves to:

- Keep children with their siblings, families, kin, or cultural group
- Stabilize children's placements
- Reduce re-abuse rates.

Promising results, potential new directions: International FGDM research and evaluation in child welfare. [Special Issue] (2003). *Protecting Children*, 18 (1-2).

### **Principles of Family-Centered Meetings**

The following table identifies the principles of family-centered practice as described in the *North Carolina Child Protective Services Multiple Response System Policy and Practice Manual* and how each of these principles is applied in a FCM.

## **PRINCIPLES OF FAMILY-CENTERED PRACTICE**

The principles of family-centered practice reflect the belief that the family is its own primary source of intervention and determines who its members are.

The family is viewed as a system within a larger social and environmental context. As a result, interventions focus on accessing the family's immediate and extended community in needs assessment, resource identification and service delivery.

Family-centered practice respects the family's right of self-control and capabilities; and assumes they have the capacity to grow and change when provided the proper supportive interventions.

Family-centered practice extends into the provision of placement services by involving the family in developing and implementing a plan for reunification, partnering with the foster family in temporary placement; and if necessary, working to preserve the child's placement in a new, permanent adoptive family.

Family-centered practice develops strengths, enhances potential, and empowers families to identify and resolve their own problems.

## **APPLICATION IN FAMILY-CENTERED MEETINGS**

The parents or legal custodians of the children decide with the social worker which family members and friends will be invited to the meeting.

At most family-centered meetings, the goal is to have number of family members and informal supports exceed the number of service providers.

The social worker and the family work hard to widen the circle of support for the children and family by preparing for the meeting and making sure the right people are invited. This may include relatives and other close supports such as friends, pastors, and neighbors. At the meeting, the family and their close supports are encouraged to share their concerns, identify the needs and resources as they see them, and come up with solutions that meet needs and utilize informal and formal resources.

Although the social worker must approve the service agreement and make sure that it meets the safety, permanence and well-being needs of the child, the family is encouraged to create the service agreement themselves. This is accomplished by the professionals first encouraging and considering the family's solutions prior to making their own recommendations. Depending on safety needs, private family time may be used to encourage the family's development and ownership of the service agreement. Social workers employ a strategy of asking for the family's input rather than telling them what to do.

Family-centered meetings include all of the people important in the life of the child. This brings together biological, foster, and adoptive family members.

Family-centered meetings focus on and identify the strengths of the children and family. This shows respect for the family and makes it possible to develop service agreements that will work.

Families are encouraged to identify their own solutions because it is assumed that they are their own best experts. Although the family identifies solutions and plans, the social worker must share the critical concerns and make sure the service agreement meets the child's safety, permanence and well-being needs.

## Overall Process of Family-Centered Meetings

Family-centered meetings usually have 5 phases:

1) *The social worker talks with the key family members about having a meeting.*

It is essential that this process begins very early in the social worker's contacts with the family. The group decision-making approach may be new to both family and worker, so it can take some time to achieve trust in and understanding of the process. In order for the family-centered meeting to be effective, it requires the full support and participation of the family and worker.

Sometimes parents/caregivers are reluctant to include other members of their family/community network in a family meeting. This may be because of the desire for privacy, embarrassment, self-protection, safety, damaged relationships, prior abuse, or any number of reasons. FCMs are essentially voluntary processes. Participants, including parents, ultimately decide the level of their participation.

While parental wishes concerning who is invited/not invited should be honored and respected, it is also imperative that the social worker uses diligence in expanding the circle of support for the child and family as widely as possible. A broad and comprehensive circle of support is more likely to keep the child and family safe. Widening the circle involves a great deal of skill in working with resistance. When parents/caregivers are reluctant to hold a family meeting, social workers must seek to understand what this reluctance is about and how the safety and comfort of the parents/caregivers can be achieved.

**CFT.** Within seven days after the case decision for an **intensive/high or moderate risk** family, the social worker must have an initial discussion with the parents about holding a CFT and gain their input as to who to invite. A CFT always includes the child's parents, legal custodians and extended family members. Parents and legal custodians have the right to refuse to participate. If the child's parents or legal custodians refuse to participate, the social worker should inform them that efforts will be made to meet with other professionals and family members and include them in decision making for their children. No plans can be made without the informed consent and participation of the child's parents or legal custodians. Extended family members should be encouraged to be involved even if there parent is not available so long as the issue is about safety and permanency of the children and the parents' confidential information is not shared without their consent. Children have a right to their families, and thus every effort should be made to assess why a parent does not want to participate in a CFT.

For **low risk** services recommended cases, a case manager is to contact the parents within the 7 day period, explain available voluntary services, and recommend a CFT which the family has the right to refuse and their wishes will be respected. The use of a CFT in low risk cases is a means of assisting a family with service coordination even when DSS is not involuntarily involved due to safety issues. The CFT normalizes the team concept when a family may have several agencies working on non-safety related needs.

2) *The social worker makes a referral.*

Specific referral processes vary across counties and depend on which specific family-centered meeting model is used. Please review both state and local requirements for when and how often meetings are convened.

- **CFT.** For intensive/high and moderate risk families, a meeting is to be scheduled no later than 30 days after the case decision. A CFT must be convened in the following situations:
  - When children cannot be kept safely in their own home under current circumstances

- Preferably the CFT is held prior to placement but should not be delayed if this puts the children in danger. In the latter case, the CFT is held on the next working day. The CFT serves as a way of orienting family to making decisions with DSS and prepares them for the Shared Parenting Meeting (SPM).
  - When children need to be moved to another placement
  - Any time a significant change in the service agreement is needed to ensure the safety of the children
  - Prior to any petition or court action
  - To address stuck cases
  - At least one time during the six-week period of Intensive Family Preservation Services
  - For step-down services (moderating service provision), including the following: within 7 days of completing Intensive Family Preservation Services and for closure of a case when requested by the family or service provider
  - Prior to making a decision to step up for intensive or high risk service provision
- **SPM.** A SPM is held during the first 7 days a child is in placement.

In addition to the policy requirements, the following questions will help in determining when to go forward with a FCM. There are 5 key questions that help us think through the referral and planning process for FCM so that we are offering the most helpful, efficient process we possibly can. The referring social worker, supervisor, and facilitator should use these questions to determine the readiness for the FCM:

- **What are the safety considerations?** It is imperative that participant safety (both that of family and professional participants) be paramount in minds of the social worker and facilitator. In deciding whether to go forward with a Family-Center Meeting (FCM), the facilitator and social worker must consider with the participants how to ensure that safety is not compromised by the FCM process. See the section *Safety at Family-Centered Meetings* for specific guidelines on assessing for volatility and safety planning. A FCM should not go forward if participants' safety is at risk.
- **Is there a clear, open-ended purpose?** The purpose should be written simply, without jargon. It should also be open-ended with many possibilities for planning, decision making, and action. The facilitator may have to help the social worker rewrite the stated purpose of the meeting so that it meets these criteria. If there are any bottom line safety issues in regards to the purpose, these should be identified and shared with the family prior to the meeting.
- **Do the invited participants, especially family members, agree to the purpose?** FCMs are voluntary processes; people can choose whether to attend or not attend. It is critical that the purpose be crafted in such a way that participants can both get their interests met and feel as comfortable with the process as possible. In other words, a successful FCM will be one where the participants want to be there and see it as relevant to them and their lives. (Remember the adage people tend to support that which they themselves create. )
- **Is the social worker/agency representative open and willing to consider the family's ideas at this time?** Sometimes the facts of the case determine decisions and actions that need to be taken. If a decision is already made, it is imperative that the meeting not be held for the purpose of making/justifying that particular decision or simply getting the family to agree with it. Likewise, if there is only one outcome that is potentially acceptable to the agency representative, then it is likely not a good time for an FCM. Remember that family-centered practice is all about choice and empowerment.

Without choice and the power to make plans and decisions, participants will feel that the meeting is a waste of time; this makes for a very frustrating experience. FCMs should always be centered on issues where families can participate in the decisions that affect them. For example, if the decision is already made that a child must be placed into foster care, then the focus of the meeting should not be

to get the family to go along with this already made decision. Rather, the meeting's purpose could be to make plans for how to make the transition to foster care go smoothly, how the family might stay connected to the child, or what services the child and family might engage in during the foster care placement.

- **Can the right people be there?** By definition, a FCM is a group process. It requires that the circle of influence and decision involve those most important in the life of the child. This could include numerous family members like parents, siblings, grandparents, cousins, aunts, uncles, etc., but also such people as neighbors, friends, mentors, pastors, godparents, and other like family contacts.

3) *The worker prepares the family and other professionals for the meeting.*

This phase is essential for ensuring the success of the meeting. First and foremost, the safety of all participants must be planned for. See section *Safety at Family-centered Meetings* below. All participants should understand the process, the kinds of issues that will be discussed, what their role is, who will be there, and what the purpose of the meeting is. See section *Preparing for Family-Centered Meetings* below.

4) *As "neutral" or "independent" individual as possible facilitates the meeting or depending on the circumstances, sometimes the worker serves as facilitator.*

Facilitators are considered neutral or independent if they are not responsible for the case. In other words, the facilitators do not carry the family and/or child on their caseload or supervise the family's worker. An independent coordinator is also based outside of Children's Services.

- CFT. A facilitator is used for all intensive and high risk cases. In moderate and low risk cases, no facilitator is required by policy. If one is necessary, a decision is made on whether to use a neutral facilitator or the social worker. At the completion of Intensive Family Preservation Services, the social worker facilitates the CFT.
- SPM. The investigative/assessment social worker facilitates the SPM, or a neutral facilitator can be assigned. It is suggested that the placement social worker co-facilitate the meeting.

It is a best practice recommendation that whatever the level of risk, a neutral facilitator be used in cases involving:

- High levels of conflict or volatility
- Large family systems
- Difficult to access family because of distance, incarceration, disability, or other factors
- Strained relationships between family members and agency workers
- Complex situations such as those involving multi-generational abuse/neglect, sexual abuse, substance abuse, domestic violence, and mental illness
- Extensive cultural and language differences between the worker and the family or within the family system

5) *The social worker follows up and monitors the service agreement as it is carried out.*

The service agreement agreed upon at the FCM has the approval of the social worker and buy-in from the family members. It addresses the safety, permanence and wellbeing needs of the child and any other issues that the family wishes to work on. The social worker and facilitator work together to make sure that all appropriate participants get a written copy of the service agreement developed at the meeting. This service agreement is then supported and monitored by the social worker on an ongoing basis. In some communities, an advocate is assigned to work with the family to make sure that their service agreement is adequately resourced and carried out. The family and worker will reconvene the group to discuss

progress and make changes in the service agreement as necessary to address the safety, risk, and well being needs of the child..

CFT. Subsequent meetings in **intensive or high risk** cases are to be held:

- Quarterly while the case remains open for CP/CM Intensive/High Services (or as often as needed to update the service agreement).
- Critical decision points in the case (removal of a child from the home or a change in placement).
- Any time a significant change in the service plan is needed to ensure the safety of the child.
- Prior to any petition or court action.
- To address the unique characteristics, and possible resolutions, for stuck cases .
- Case closure (when requested by the family or a service provider).

Subsequent meetings in **moderate risk** cases are to be held quarterly for the life of the case. No meeting is required upon case closure.

### **Preparing for Family-Centered Meetings**

The preparation phase of all FCMs will determine in large part the success of the meeting s outcomes. Adequate preparation helps to ensure participant safety and support of the process. Safety and support for the process are what allow participants to engage in planning and decision making that is effective, creative, and long lasting. Preparation for a FCM is usually the responsibility of the social worker, although it should be done in partnership with the supervisor, facilitator, other professionals, and family members. Organizing FCMs usually happens over a period of time, depending on the case, and can usually begin with the very first contacts with the family. The following is a list of issues that must be addressed during the preparation phase of a FCM, *prior* to the meeting itself.

- Purpose clearly defined and agreed upon. Case-carrying social workers are encouraged to consult with their supervisor to identify any bottom line safety issues as they relate to the purpose of the meeting. For example, if the purpose is to discuss visitation and the Department has identified that all visits must be supervised with a parent for safety reasons, the purpose may still address visitation so long as there can be some flexibility in who can supervise, where visits can occur, how often they can occur and how to best support a positive connection between the child and their parent.
- Invitations who is invited, making sure the right people are there, extending the invitation, and sometimes sending written notices or making telephone reminders
- Where and when a place and time conducive to getting the right people there, usually not at the DSS agency
- Safety both physical and emotional, for all participants
- Ground rules guidelines for behavior at the meetings so that everyone is safe, comfortable, and able to participate effectively
- Confidentiality and informed consent family members understand their rights to privacy and the limits of confidentiality, participants understand what will be discussed and consent to the purpose and the process
- Supports people feeling at risk, particularly victims, have adequate emotional support both during and after the meeting
- Roles all participants understand their roles and what is expected of them and others
- Views of the child if children cannot attend the meeting, plans are made for ensuring that their views are heard and considered
- Interpreters language barriers are addressed and planned for

- Special needs making sure that no one's participation is inhibited by barriers involving mobility, literacy, developmental challenges, etc., arranging a telephone hook-up of people in detention or unable to travel
- Guest speakers anticipating service needs and with the family's permission, inviting people who are not already involved in the case to attend part of the meeting to speak about possible resources to include in the service agreement
- Food beverages, snacks, or meals that help set a tone of hospitality and comfort, encouraging full participation and respectful exchange
- Family traditions starting, ending, and/or conducting the meeting in ways that honor and fit the family's culture; examples are a song or prayer of the family's selection
- Travel/transportation ensuring that barriers of distance or lack of transportation do not inhibit the involvement of people crucial to the meeting's success
- Childcare plans for children's attendance and/or care made ahead of time

### **Safety at Family-Centered Meetings**

Although the purpose of FCMs is planning and decision making, they are also forums for frank discussion and the expression of feelings of grief, shock, loss, anger, and fear. As such, they can be emotionally loaded environments that require a great deal of planning and arranging to create a safe setting for all participants. The following guidelines should direct the planning and implementation of all FCMs, regardless of the specific model used.

1) Be sure the referral process for FCMs includes the question of whether there is a history of violence amongst family members. This question should be on the referral form and a matter that the social worker, supervisor, facilitator, and family members discuss in planning for the meeting.

2) Be sure the referral process for family-centered meetings includes the question of whether there are any court-sanctioned protective orders between family members. Ask family members if there is a protective order. Do not sponsor a meeting that violates protective orders. This may mean that a perpetrator cannot attend a FCM.

3) Discuss the history of both conflict and violence with the family members prior to the meeting. To assess volatility and plan for safety at the meeting, the social worker and facilitator should ask questions such as:

- Tell me about your family how does everyone get along?
- Do you have any worries for the meeting? What are they?
- What do I need to know to help make the meeting go smoothly?
- What happens when people in your family disagree about something?
- How do your family members deal with feeling worried?
- How do your family members deal with feeling angry?
- Do you have any concerns that people may get upset at the meeting? What might happen if they do?
- Is there anybody who does not get along with anybody else? What is that like? What happens?
- Has anyone in your family ever hit or hurt anyone else? What happened?
- Is there a history of violence in your family?
- What ground rules should we set for the meeting in order for everyone to be safe and feel comfortable?
- What can I do to help make sure that everyone is safe and feels comfortable?

4) Where there is a history of violence or a concern for potential violence, make special arrangements, including:

- Have the purpose of the meeting include making a safety plan for all family members
- Decide not to convene the meeting
- Arrange for the presence of security/law enforcement
- Choose a safe, neutral location
- Have support people for threatened or acting-out family members
- Use a co-facilitator
- Create specific ground rules ahead of time, along with consequences
- Have some members participate through pre-meeting interviews, written statements, or conference calls, instead of being physically present at the FCM.
- Arrange for a private check-in after the meeting with any vulnerable participants.
- Arrange for vulnerable family members or those in conflict with one another to arrive at and leave the meeting separately.
- Arrange for vulnerable family members and participants to leave the meeting escorted by staff or security personnel.
- Arrange for the social worker to do a follow up face-to-face visit with vulnerable family members within 24 hours of the meeting.

### **Roles at Family-Centered Meetings**

Each participant at a FCM is a valued partner working toward child and family safety, permanence and wellbeing. Each participant also has a distinct role and function.

*Family members* contribute knowledge and wisdom about family resources, concerns, history, relationships, and culture. They provide long-term involvement. Their role at a family-centered meeting is to create a plan for safety, permanence and wellbeing that works for them and can be approved of by the child protection agency.

*Children* are the focus of the family-centered meeting and should be closely involved in the process. The following questions will help the family members and social worker make decisions about **how** the child should be involved:

- How old is the child?
- How does the child want to participate?
- What special needs are there to consider about the child's involvement (cognitive, behavioral, developmental, emotional)?
- How does the family want the child to participate?
- Is there potential for the process to be helpful for the child?
- What kinds of supports need to be put in place for the child to participate safely?

Children should be present at the meetings whenever possible. If it is decided that children will not attend the whole meeting or part of it, the following are some options for ensuring that their views are heard:

- Audio/video tapes
- Designating a spokesperson for the child
- Conference calls
- Writing letters/drawing pictures ahead of time
- Participating in only parts of the meeting
- Having pictures of the child at the meeting
- Empty chair technique to remind the group of the child

*Extended family, friends, and close supports* also contribute knowledge and wisdom about family resources, concerns, history, relationships, and culture. They provide long-term involvement. Their role at a FCM is to help create and resource a plan for safety, permanence and wellbeing that works for the

family and can be authorized by the child protection agency. The family members, social worker, and facilitator will decide together which extended family, friends, and close supports should be included in the FCM.

*The social worker with case management responsibility* contributes knowledge about agency and community resources and relays both the strengths that they see in the family system and the critical concerns that must be addressed in the family's service agreement. The social worker may be called upon to answer questions about agency interventions or provide information. It is very important for the social worker to be able to share information about strengths and concerns in a manner that is honest and respectful. This may include honesty about bottom lines issues in which the Department does not feel there is flexibility in regards to safety of the children. Clearly identifying their mandate as ensuring that children are cared for in a safe manner can help establish the need for bottom lines. This does not mean that the social worker should not examine closely their ability to provide true input by the family regarding how to meet the safety mandate. Most importantly, the social worker must approve and support any service agreement that goes forward from the FCM. The workers must approve the service agreement in terms of meeting children's needs for safety, permanence and wellbeing and authorizing agency resources to carry out the course of action.

*Other service providers* inside DSS and in the community also contribute knowledge about resources and relay both the strengths they see in the family system and concerns they may have for family members. They are encouraged to provide information and options for the family to consider rather than make recommendations.

*The facilitator* contributes knowledge and skills related to making sure that the meeting process is safe and fair. For small FCMs or ones held early in the work, it may be possible for the case-carrying social worker to perform both the role of the worker and the facilitator. For most meetings, however, a facilitator is generally a trained, neutral person not already involved in the case. The facilitator guides the process of the meeting but does not participate in the decision making, make recommendations, or offer opinions about the case.

### **Structure of Family-Centered Meetings**

The agenda for FCMs will vary according to which specific model is utilized; however, most will mirror the following basic format:

- 1) Welcome – The facilitator and/or family members make opening remarks, sometimes including family traditions.**
- 2) Introductions** Everyone introduces themselves and identifies their relationship to the family and children.
- 3) Review of purpose** Facilitator makes sure that all are in agreement with the purpose of coming together. Sometimes the written purpose is revised or added to at this point.
- 4) Ground rules** Facilitator makes sure that everyone is in agreement with the ground rules as written and planned for with the family. Ground rules usually include versions of the following and can be specifically crafted to meet the group's needs:
  - One person talks at a time.
  - Be courteous to each other.
  - Everyone has a right to their own opinions and feelings.
  - You do not have to agree with all that is said.
  - Everything said here will be kept confidential and private to the family members. No information will be shared outside of this meeting except:

- (a) any threats to harm oneself or others,
- (b) anything requiring a new report of child abuse or neglect, and
- (c) general information that will be included in the written service agreement and given to all the participants.

5) *Confidentiality* Facilitator makes sure that everyone understands and agrees to the ground rules about privacy, confidentiality, and limits of confidentiality. Some counties will use a written release of information form.

6) *Information Sharing* All participants are invited to identify the strengths they see in the family and their concerns for child and family safety, permanence and wellbeing. The social worker and service providers report about their involvement with the family and circumstances that have led to the family meeting.

7) *Options to consider* All participants are invited to brainstorm solutions and ideas for planning. Professionals are encouraged to identify options for the family to consider rather than prescribing the service agreement and making recommendations.

8) *Finalizing the service agreement* Sometimes private family time is used so that the family and their like family can develop a plan in privacy. Private time would be planned ahead of time with clear expectations and assurances for participant safety. If private family time is not utilized, the facilitator encourages the family to identify its own solutions. The social worker provides feedback to the family about its solutions and works with them until a plan is developed that makes sense to the family and is approved by the social worker. The finalized plan is written up and distributed to all participants.

9) *Getting feedback* Using written forms or other formats for collecting information, the facilitator seeks feedback from participants about their experience in the meeting process. This information is used to promote learning and enhance meeting effectiveness. See below Family-Centered Meetings Evaluation form.

10) *Closing* The facilitator and/or family members make closing remarks, sometimes involving family traditions.

**FAMILY-CENTERED MEETING EVALUATION**

Date of Meeting \_\_\_\_\_

\_\_\_\_\_ County

Please do not put your name on this form. Your answers will be used to help us evaluate how we run the meetings and help us organize better meetings in the future for other families. Your answers will only be read by the meeting facilitator and university researchers. We will not show your answers to other people. Complete the form and return it to the meeting facilitator. Thank you for your assistance.

1. I am: \_\_\_\_\_ Family  
 \_\_\_\_\_ Service Provider  
 \_\_\_\_\_ Other (please specify) \_\_\_\_\_

*We would like to hear about your views on the meeting. Could you please circle the number for how much you disagree or agree with the statement below?*

2. I got the help I needed to be ready for this meeting.

Strongly Disagree	Disagree	Agree	Strongly Agree	
1	2	3	4	N/A

If not, what would have helped? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. I liked where the meeting was held.

Strongly Disagree	Disagree	Agree	Strongly Agree	
1	2	3	4	N/A

If not, where would have been better? \_\_\_\_\_

\_\_\_\_\_

4. The right people were at the meeting.

Strongly Disagree	Disagree	Agree	Strongly Agree	
1	2	3	4	N/A

If not, who else should have been there? \_\_\_\_\_

\_\_\_\_\_

(continued)

5. At the meeting, I got the information that I needed.

Strongly Disagree	Disagree	Agree	Strongly Agree	
1	2	3	4	N/A

6. I was satisfied with the way the meeting was run.

Strongly Disagree	Disagree	Agree	Strongly Agree	
1	2	3	4	N/A

7. During the meeting, I got to say what I felt was important.

Strongly Disagree	Disagree	Agree	Strongly Agree	
1	2	3	4	N/A

8. Other people at the meeting really listened to what I had to say.

Strongly Disagree	Disagree	Agree	Strongly Agree	
1	2	3	4	N/A

9. The group made the right decision.

Strongly Disagree	Disagree	Agree	Strongly Agree	
1	2	3	4	N/A

10. I will try my best to make the group's plan work.

Strongly Disagree	Disagree	Agree	Strongly Agree	
1	2	3	4	N/A

13. I think that the right people helped make the plan.

Strongly Disagree	Disagree	Agree	Strongly Agree	
1	2	3	4	N/A

14. What could have been done to make the meeting better?

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**Thank you for your feedback!**